

## Inquire Member Eligibility

Member Management: Inquire Member Eligibility: Business Capabilities				
Capability Question	Level 1	Level 2	Level 3	Level 4 & 5
<b>Business Capability Descriptions</b>				
The Section provides general background on the Business Process at Level 1 – 3. It is used to identify the differences between Levels.				
In general, how acceptable is the eligibility verification process?	Process meets State guidelines but there are problems with timeliness and accuracy.	Automation greatly increases the ability to deliver timely and accurate eligibility information.	Use of MITA interface standards and the full range of X12 functionality increases the usefulness of this process.	
What formats are used for the eligibility request and response?	Inquiries about member's eligibility/enrollment in a program, coverage of benefits, etc. are received in non-standard formats. Media, data format and content differ by program	Eligibility Verification Requests and Responses are communicated using HIPAA X12 270/271 and NCPDP standards.	MITA standard interfaces incorporate full HIPAA data schemas and functionality.	
How collaborative is the inquiry process?	The sources of eligibility information are siloed within different programs; member data is not integrated and not semantically interoperable across programs. Therefore, inquirers must send inquiries to each agency.	Sources of eligibility begin to be integrated resulting in inquirers not having to send inquiries for multiple programs a member is eligible.	Agencies collaborate to establish a one stop shop eligibility inquiry process.	
What media are used to send and receive eligibility information?	Inquiries are sent via telephone, fax, and USPS.	Routine inquiries for member information are automated within the agency via AVRS, point of service devices, Web portal, EDI.	Member information is integrated via a Member Registry, which may either contain integrated records of member eligibility data or provide federated access to other Member Registries as appropriate.	
How consistent are eligibility inquiry responses?	Responses vary by individual responder. Level of consistency is moderate.	Automation greatly improves consistency of response. Level of consistency is good.	Using MITA standard interface data ensures increase in consistency of response. Level of consistency is high.	

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How accurate are the responses to requests for eligibility verification?	Providers often depend on paper member ID cards that can be inaccurate.	Automation improves accuracy.	Use of MITA interface standards achieves maximum accuracy.	
<b>Va. As Is:</b>		<p>Eligibility Verification Requests and Responses are communicated using HIPAA X12 270/271 and NCPDP Telecommunications Guide v 5.1 and Batch Guide v 1.0.</p> <p>The sources of eligibility information are siloed within different programs; member data is not integrated and not semantically interoperable across programs.</p> <p>Routine inquiries for member information are automated within the agency via AVRS, point of service devices, Web portal, EDI.</p> <p>Responses are immediate (online) and within batch (overnight). Responses are consistent, correct, and timely. Staff generally only needs to handle exceptions.</p>		
<b>Va. To Be:</b>		<p>DMAS hopes to provide a capability for members to verify their eligibility via AVRS, web portal, etc..</p> <p>Currently DMAS supports these capabilities for providers but not for members.</p>		
<b>Business Capability Quality: Timeliness of Process</b>				
How timely are responses to eligibility inquiry?	Most requests for verification of member	Member eligibility/ enrollment verification is	Using national standards for transport of request/	

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	information are received and responded to manually via phone, fax, USPS.	automated via AVRS, point of service devices, Web portal, EDI.	response and MITA standard interface and messaging, responses can be immediate. Response time is 30 seconds or less.	
How timely is the eligibility information?	Eligibility file is refreshed weekly.	Eligibility file is refreshed daily.	Eligibility file is real time.	
<b>Va. As Is:</b>		Member eligibility/enrollment verification is automated via AVRS, point of service devices, Web portal, EDI, but remains siloed. Responses can be immediate (online/real time) or batch (overnight for 270/271).		
<b>Va. To Be:</b>		DMAS hopes to provide a capability for members to verify their eligibility via AVRS, web portal, etc..  Currently DMAS supports these capabilities for providers but not for members.		
<b>Business Capability Quality: Data Access and Accuracy</b>				
How accurate are the responses to eligibility verification?	Information is researched manually. There may be inconsistencies in responses.  Access and Accuracy is adequate to support the business process.	Automation improves access and accuracy.  Access and Accuracy is noticeably improved over Level 1.	Member eligibility/enrollment, program, and benefit data and messaging formats adhere to MITA standard interfaces, improving verification and research accuracy.  Responses are accurate 99% of the time.	
<b>Va. As Is:</b>		Automation has improved access and accuracy. Access is via AVRS, point of service devices, Web portal, and EDI		

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		channels. Increased use of HIPAA eligibility/enrollment data (270/271). Minimal use of these transactions for COB.		
<b>Va. To Be:</b>		DMAS hopes to provide a capability for members to verify their eligibility via AVRS, web portal, etc..  Currently DMAS supports these capabilities for providers but not for members.		
<b>Business Capability Quality: Cost-Effectiveness</b>				
What is the ratio for the cost of eligibility verification versus the number of responses?	Generating ID cards for members monthly is expensive and cannot be guaranteed to block false claims of eligibility for service.  20% of the eligibility verifications result from human intervention; 80% of eligibility verifications are performed electronically without human intervention.	Electronic verification lowers cost to providers and State, and reduces denied claims for ineligible members and non-covered services.  10% of eligibility verifications result from human intervention; 90% are performed electronically without human intervention.	Use of MITA standard interfaces and full X12 functionality increase cost effectiveness by reducing staffing and increasing speed.  2% of eligibility verifications result from human intervention; 98% are performed electronically without human intervention.	
<b>Va. As Is:</b>		Automation has led to significant increases in the number of responses per day.  However, the dental program uses an 834 and does not have real time transactions.		
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		these capabilities for providers but not for members.		
<b>Business Capability Quality: Effort to Perform; Efficiency</b>				
How do you rate the efficiency of the eligibility inquiry process?	Manual workflow is burdensome. Newly eligible members must wait to receive mailed ID cards or the provider must verify eligibility by telephone.  Efficiency rating is low.	Automation increases efficiency.  Efficiency is rated as adequate.	Use of national MITA standards and one stop shop among participating agency gives providers access to all cross-agency eligibility information including programs and benefits for which members are eligible.  Efficiency rating is high.	
<b>Va. As Is:</b>		Responses to requests to verify member information are automated. Many providers are using the capabilities.		
<b>Va. To Be:</b>		DMAS hopes to provide a capability for members to verify their eligibility via AVRS, web portal, etc..  Currently DMAS supports these capabilities for providers but not for members.		
<b>Business Capability Quality: Accuracy of Process Results</b>				
What is the quality of the results of the Inquire Eligibility process?	Results quality is adequate.	Results are accurate and timely.	Results are accurate and timely 99% of the time and include eligibility for specific benefits and services.	
How is the quality of the result measured?	Responses are manually validated, e.g., call center audits; stakeholder satisfaction survey.	Automated processes include audit trails.	Business services standardize requests and responses nationally; tracking of response results is automatic.	
<b>Va. As Is:</b>		Automation improves accuracy of responses for providers only.		

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<b>Business Capability Quality: Utility or Value to Stakeholders</b>				
How satisfied are stakeholders who have the authority to request eligibility verification?	Stakeholders are somewhat satisfied with results of inquiry.	Stakeholders have no delay in obtaining responses and are very satisfied.	Stakeholders have a one stop shop to access collaborating agencies to obtain information. Stakeholders experience fewer claim denials based on non-covered services. Providers are extremely satisfied.	
<b>Va. As Is:</b>		Providers have no delay (online/real time) in obtaining responses. Batch (270/271) responses are overnight.		
<b>Va. To Be:</b>		<p>DMAS hopes to provide a capability for members to verify their eligibility via AVRS, web portal, etc..</p> <p>Currently DMAS supports these capabilities for providers but not for members.</p>		